

Mississippi Corporate Income and Franchise Tax Return 2001

WCA

Page 1

For Year Beginning and Ending Business Activity Code Number: (Mississippi Activity)

Name		Telephone		▶	Federal I. D. Number
Mailing Address					
City	State	Zip +4	County Code		

FILING STATUS

Check All That Apply:	<input type="checkbox"/> Final Return	<input type="checkbox"/> Amended Return (See instructions for NOL Carrybacks)	<input type="checkbox"/> Short Year Return	<input type="checkbox"/> Address Change (See Instructions) Instructions
Check One:	<input type="checkbox"/> C-Corporation	<input type="checkbox"/> LLC Reporting as a Corporation	<input type="checkbox"/> Other: _____	

FRANCHISE AND INCOME TAX

1. Taxable Capital (From Form 83-110, Line 18)	1	<input type="text"/>
2. Franchise Tax Due (From Form 83-110, Line 21) Minimum tax of \$25.		<input type="text"/>
3. Indicate by checking the appropriate block if this corporation is included in a Mississippi Consolidated or Combined Income Tax Return.		
<input type="checkbox"/> Consolidated (Sec. 27-7-37(2)(a)(i))	<input type="checkbox"/> Combined (Sec. 27-7-37(2)(a)(ii))	
If checked, enter Name and FEIN of the Reporting corporation below:		
Name <input type="text"/>	5	FEIN <input type="text"/>
Round All Amounts to the Nearest Dollar		
4. Mississippi Net Taxable Income (If Loss, enter Zero) (From Form 83-122, Line 27 or Form 83-310, Line 3)	6	<input type="text"/>
5. Total Income Tax (See Instructions)		<input type="text"/>
6a. Ad Valorem Tax Credit (From Form 83-401, Sch. A or Form 83-310, Column B, Line 3a)	22	<input type="text"/>
6b. Other Credits (From Form 83-401, Line H or Form 83-310, Column B, Line 3b)		<input type="text"/>

▶ <input type="text"/> \$ <input type="text"/> ▶ <input type="text"/> \$ <input type="text"/> ▶ <input type="text"/> \$ <input type="text"/>	
7. Balance of Income Tax Due (Line 5 Minus Line 6a and Line 6b)	<input type="text"/>
8. Total Franchise and Income Tax Due (Line 2 Plus Line 7)	<input type="text"/>
9. Interest and Penalty on Underestimated Income Tax Payments (Attach Form 83-305)	26
10. Total of Lines 8 and 9	<input type="text"/>

PAYMENTS and TAX DUE

11. Overpayments from Prior Year.		<input type="text"/>
12. Estimated Tax Payment and Payments with Extension.		<input type="text"/>
13. Total Payments (Line 11 Plus Line 12)		<input type="text"/>
14. If Line 10 is Larger than Line 13, Enter Balance Due (Line 10 Minus Line 13)		<input type="text"/>
15. Late Payment- Interest @ 1% Per Month and Penalty @ 1/2% Per Month (See Instructions)	29	<input type="text"/>
16. Amount Paid with this Return (Line 14 plus Line 15) AMOUNT PAID	31	<input type="text"/>
17. If Line 13 is Larger than Line 10, Enter Amount of Overpayment (Line 13 minus Line 10)		<input type="text"/>
18. Amount of Overpayment (Line 17) to be Refunded REFUND	33	<input type="text"/>
19. Amount of Overpayment (Line 17) to be Credited to Next Year	34	<input type="text"/>

I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Mail To: **Office of Revenue**
P.O. Box 23050
Jackson, MS 39225-3050

Officer's Signature_____
Date_____
Officer's Title()
Tax Department Phone_____
Paid Preparer's Signature_____
Date_____
Preparer's Social Security Number or PTIN()
Preparer's Telephone Number_____
Firm's Name (or yours if self-employed) and Address_____
ZIP Code_____
Paid Firm's Identification Number or PTIN

Mississippi Corporate Income and Franchise Tax Return 2001

Page 2

Corporate Information

1. DBA _____
2. County locations in Mississippi. _____
3. Principal business activity in Mississippi. _____
4. Principal business activity everywhere. _____
5. Principal product or service in Mississippi. _____
6. Principal product or service everywhere. _____
7. Contact person for this return. _____
8. Contact person's location and phone. _____ () _____
9. If amended return, check reason:

☐ Mississippi correction only ☐ Amended Federal Form 1120X or Form 1139 (attach copy) ☐ Federal RAR (attach applicable copies) ☐ Other: _____

10. If final return, check reason and enter date effective: _____ Date _____
- ☐ Dissolving Mississippi Corporation ☐ Withdrawing Non-Mississippi Corporation from State ☐ Sold MS Assets ☐ Merged
- ☐ Other : _____

If you checked Sold or Merged, provide the following:
New company or owner's name and address

_____ FEIN _____

_____ Phone () _____

Former owner's forwarding address

Phone () _____

- 11a. Is this corporation a partner/member in a partnership, LLP or LLC doing business in Mississippi?
If Yes, attach Mississippi Form K-1(s). ☐ Yes ☐ No
- 11b. Is this corporation the owner/member of a single member LLC doing business in Mississippi? ☐ Yes ☐ No
12. Has the corporation filed amended federal returns in the last three years?
If Yes, list years _____ ☐ Yes ☐ No
13. Has the IRS made any changes to your taxable income in the last three years?
If Yes, list years _____ ☐ Yes ☐ No
14. If Line 12 and/or Line 13 was checked "Yes", has the corporation filed Mississippi amended returns for all years for which amended Federal return(s) were filed or changes to taxable income were made by the IRS? ☐ Yes ☐ No
- 15a. During the period December 17, 1999 to December 31, 2000, did you sell property with payments to be received in a tax year after the year of sale? ☐ Yes ☐ No
- 15b. If you answered yes, was the sale reported in full on your Mississippi income tax return for the year of sale as required by section 27-7-15(2)(b)(i)? **(NOTE: This requirement differs from Federal law.)** ☐ Yes ☐ No

List of Officers - This Schedule MUST be Completed

President: Name and Home Address _____ _____	Social Security Number _____ _____	Ownership Percentage % _____ _____
	Salary _____ _____	
Vice President: Name and Home Address _____ _____	Social Security Number _____ _____	Ownership Percentage % _____ _____
	Salary _____ _____	
Treasurer: Name and Home Address _____ _____	Social Security Number _____ _____	Ownership Percentage % _____ _____
	Salary _____ _____	
Secretary: Name and Home Address _____ _____	Social Security Number _____ _____	Ownership Percentage % _____ _____
	Salary _____ _____	